

Name: _____
Last First Middle Initial

Date: _____

SEVIER COUNTY JUVENILE FACILITY Supplemental - Application for Employment

To the Applicant: We appreciate your interest in employment with the Sevier County Juvenile Facility, and we assure you that we are sincerely interested in your qualifications. In order to get a better understanding of your background, we ask that you fill out this supplemental application completely. Your accurate completion of this form will assist us in a successful background check when we are making our staffing decisions.

Name: _____ Date of Birth: _____ - _____ - _____
Last First Middle Initial

Present Address: _____

Telephone Number: _____ and/or Email _____
(Optional)

References:

Name	Contact Number	Relationship/Years Acquainted
1)		
2)		
3)		

Have you ever been employed by Law Enforcement, Corrections, or Public Safety? _____.

FORMS TO BE FURNISHED WITH SUPPLEMENTAL APPLICATION:

- Copy of BIRTH CERTIFICATE
- Copy of HIGH SCHOOL DIPLOMA or GED Certificate
- Copy of MILITARY DD-214 (If Applicable)
- Copy of TENNESSEE DRIVERS LICENSE
- Copy of SOCIAL SECURITY CARD
- Copy of ANY TRAINING Certificates(If Applicable)

I hereby authorize Sevier County Juvenile Facility to make an investigative report whereby information is obtained through personal interviews with third parties, such as business associates and specifically authorize the release of any and all information from former employers, agencies both public and private, and relatives and acquaintances in relation to the employment application, including credit bureaus. I acknowledge that if I am employed, my employment will be at-will, and can be terminated with or without cause at any time by Sevier County Government or myself.

Signature: _____

Date: _____